



## DELEGATION REQUEST FORM

**NAME OF DELEGATE(S):** \_\_\_\_\_

**DELEGATION STATUS:**

Attending as an Individual

Representing a Group/Organization/Business \_\_\_\_\_  
Name of Group/Organization/Business

**SUBJECT MATTER:** \_\_\_\_\_

**REQUESTED MEETING DATE:** \_\_\_\_\_

**RECOMMENDATION TO COUNCIL/COMMITTEE:**

Please indicate below what action you would like the Town to take with respect to the above-noted subject matter. Use a separate page if more space is required or attach additional documentation.

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**CONTACT INFORMATION:**

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Notice of Collection: personal information collected on this form is authorized under the Town of Unity Policy No. 3.35 and will be used to contact individuals and/or organizations requesting an opportunity to appear as a delegation before Council or Committees. Page 1 of the Delegation Request form, as well as the information submitted therewith, will be distributed at the public meeting. Questions about this collection can be directed to the Town Clerk at P.O. Box 1030, Unity, SK S0K 4L0 or by calling 306-228-2621 ext. 0.*

**ADDITIONAL DOCUMENTATION AND PRESENTATION MATERIALS:**

Additional documentation attached?  Yes  No

Additional documentation to be provided at meeting?  Yes  No

*Note: Please provide the clerk with a copy of all additional documentation to be distributed at the meeting.*

Will a PowerPoint Presentation be made?  Yes  No

*Note: An electronic copy of the PowerPoint presentation is required to be submitted to the Town Clerk **no later than 12:00 p.m.** one week prior to the meeting.*

**RETURN COMPLETED DELEGATION REQUEST FORM TO:**

Attn: CAO  
Town of Unity  
Suite 2 – 100 1<sup>st</sup> Avenue West  
P.O. Box 1030  
Unity, SK S0K 4L0  
[info@townofunity.com](mailto:info@townofunity.com)